

Minutes of the Annual Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, July 25, 2014 at the hour of 8:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Carvalho called the meeting to order.

Present: Chairman David Carvalho and Directors Hon. Jerry Butler; Lewis M. Collens; Ada Mary Gugenheim; M. Hill Hammock; Wayne M. Lerner, DPH, FACHE; Luis Muñoz, MD, MPH; Carmen Velasquez; and Dorene P. Wiese, EdD (9)

Present

Telephonically: Vice Chairman Jorge Ramirez (1)

Absent: Director Reverend Calvin S. Morris, PhD (1)

Chairman Carvalho stated that Vice Chairman Ramirez was unable to be physically present, but was able to participate in the meeting telephonically.

Director Muñoz, seconded by Director Collens, moved to allow Vice Chairman Ramirez to participate as a voting member for this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Vice Chairman Ramirez telephonically confirmed his presence at approximately 9:10 A.M.

Additional attendees and/or presenters were:

Peter Daniels – Chief Operating Officer, Inpatient Services

Claudia Fegan, MD – Executive Medical Director/Medical Director Stroger Hospital

Randolph Johnston – System Associate General Counsel

Pat Kitchen – McGladrey LLP

Elizabeth Reidy – System General Counsel

Deborah Santana – Secretary to the Board

Joyce Schoonover – System Director of Risk Management

John Jay Shannon, MD – Chief Executive Officer

Agnes Therady - Executive Director of Nursing

Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of Cook County

II. Public Speakers

Chairman Carvalho asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

1. George Blakemore Concerned Citizen

Following the presentation of public testimony, Chairman Carvalho stated that he had some announcements. He noted that the reason why the Annual Meeting is being held today is because the Ordinance that created the System Board indicates that the Board is supposed to have an annual meeting in July. In accordance with that Ordinance, the terms have expired for four Directors as of June 30th. Prior to that date, the President would typically call into action a Nominating Committee made up of fourteen esteemed civic organizations who nominate persons to fill each of the positions whose terms were expiring. However, there was an odd confluence of events – the System's Chief Executive Officer (CEO) at that time had resigned to take a position in New York in February; it would have been an awkward position to be in, to be recruiting a CEO in the midst of a significant turnover of membership on a Board. A CEO likes to have some idea of the Board for whom he or she will be working. He stated that President Preckwinkle asked those Directors whose terms had expired if each would agree to serve in a holdover capacity so that the recruitment of a new CEO could be completed; this is in accordance with the Ordinance, which states that persons continue to serve until their replacements have been selected. The Board's actions regarding recruitment of a CEO held to the timeframe that was planned; the goal was to complete recruitment by the end of June, and that goal was met.

Chairman Carvalho stated that, in early July, the President initiated the process for the Nominating Committee to identify candidates for each of the vacant positions whose terms had expired; the Ordinance calls for the identification of three potential candidates for each vacant position. Those activities are currently ongoing; if they proceed on the timeline they have established, they should have replacement candidates to the President for her selection for nomination. The President's nominees are then submitted to the County Board for their confirmation; following confirmation, those persons become members of this Board, and he and Directors Muñoz, Ramirez and Gugenheim are potentially replaced.

Chairman Carvalho referenced comments provided during public testimony regarding the Board's meeting time. He stated that he did not think that a meeting held later in the morning, at 10:00 A.M. for example, is more convenient for those members of the public who want to take some time off from work to come to the meeting; one of the reasons why the Board meets at 8:00 A.M. is to make it more convenient for those members of the public, so that they only have to take off a little bit of time from work, because many people do not start their jobs at 8:00 A.M.

Chairman Carvalho stated that, in the interest of transparency, at the Finance Committee Meeting last week, he noted that his place of employment for the last ten years was the Illinois Department of Public Health (IDPH). Occasionally, that led to conflicts of interest in which he abstained on matters pertained to IDPH. He announced at the Finance Committee Meeting last week that he has decided to resign from that position in August, and will be pursuing other employment; he noted that it just seemed a good time in his life to do so. As he still currently works for IDPH, he will abstain on items on today's agenda that are IDPH-related. Additionally, because there is a robust quorum today, he will abstain on all of the items on today's agenda; if he did not abstain, because he has not determined where he will be employed in the future, there may be people who will look back on whatever was voted upon today and retroactively assume that there was a known conflict at this time, which is not the case.

Chairman Carvalho indicated that Vice Chairman Ramirez is in a meeting right now and will not be able to join the meeting until near the end; Chairman Carvalho stated that his preference is to move the Annual Meeting Business to later in the meeting, so that the full complement of Board Members can be present for those matters.

III. Annual Meeting Business

The matters under Section III., Annual Meeting Business, were taken out of order and were considered near the end of the meeting, following Section VI, the Report from the Chairman, and prior to the Board convening a Closed Meeting.

A. Election of Chairman of the CCHHS Board of Directors

Chairman Carvalho stated that, as mentioned earlier in the meeting, the Board is in an unusual situation in which he and Directors Muñoz, Ramirez and Gugenheim have terms that expired at the end of June. At the June Board Meeting, the Board knew that the Nominating Committee had not yet been called into action. At that time, he believes he announced that what he was going to suggest and put on the agenda is that the Board proceed with the election of Chairman and Vice Chairman and with the Committee assignments, so that the Board would have that structure in place while awaiting the outcome of the nominating process. Three days after that, the nominating process was triggered. What he is going to suggest today is going to be different than what was suggested in June. As mentioned before, back in March when the search for the new CEO commenced, all three from the original Board, he and Directors Muñoz and Ramirez, had assured the President that they would stay in a carryover position to allow that search to be completed. The Board completed its search, there is a new CEO, and the nominating process is underway; therefore, the reason for the three Directors serving in that carryover position has gone away. On behalf of himself and Directors Muñoz and Ramirez, he communicated that they do not intend to submit their names for re-nomination to the Nominating Committee; accordingly, it makes no sense to defer the election of a new Chairman and Vice Chairman to a future meeting.

III. Annual Meeting Business

A. Election of Chairman of the CCHHS Board of Directors (continued)

Chairman Carvalho opened the floor for nominations for Chairman of the Board of Directors of the Cook County Health and Hospitals System.

Chairman Carvalho, seconded by Vice Chairman Ramirez, moved to nominate M. Hill Hammock as Chairman of the Board. As there were no further nominations, the floor was closed. A voice vote was taken to approve the election of M. Hill Hammock as Chairman and the MOTION CARRIED UNANIMOUSLY.

Chairman Hammock assumed the Chair.

B. Election of Vice-Chairman of the CCHHS Board of Directors

Chairman Hammock opened the floor for nominations for Vice Chairman of the Board of Directors of the Cook County Health and Hospitals System.

Chairman Hammock, seconded by Director Lerner, moved to nominate Jerry Butler as Vice Chairman of the Board. As there were no further nominations, the floor was closed. A voice vote was taken to approve the election of Jerry Butler as Vice Chairman and the MOTION CARRIED UNANIMOUSLY.

C. Committee Assignments

Director Collens, seconded by Director Lerner, moved to defer the Annual Meeting Business item regarding Committee Assignments, and continue the current Committee memberships, with the exception that Director Carvalho replace Chairman Hammock on the Finance Committee, until such time the four Director positions whose terms ended June 30, 2014 are filled with permanent appointees. THE MOTION CARRIED UNANIMOUSLY.

D. Ratification of the Rules of Organization and Procedure of the CCHHS Board of Directors

Director Gugenheim, seconded by Director Collens, moved to defer the Annual Meeting Business regarding Ratification of the Rules of the Board until such time the four Director positions whose terms ended June 30, 2014 are filled with permanent appointees. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, June 27, 2014

Director Lerner, seconded by Director Muñoz, moved the approval of the Minutes of the Board of Directors Meeting of June 27, 2014. THE MOTION CARRIED UNANIMOUSLY.

B. **Minutes of the Human Resources Committee Meeting, July 18, 2014

Director Wiese, seconded by Director Velasquez, moved the approval of the Minutes of the Human Resources Committee Meeting of July 18, 2014. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

C. Minutes of the Finance Committee Meeting, July 18, 2014

- Contracts and Procurement Items (detail was provided as an attachment to Board Agenda)

It was noted that one of the contractual requests (request number 9) was conditionally recommended for approval by the Finance Committee, pending the completion of review by Contract Compliance. Contract Compliance has completed its review; the vendor was found to be responsive.

Director Butler, seconded by Director Gugenheim, moved the approval of the Minutes of the Finance Committee Meeting of July 18, 2014. THE MOTION CARRIED.

Chairman Carvalho abstained and voted PRESENT on the requests under the Contracts and Procurement Items contained within the Minutes.

Director Muñoz abstained and voted PRESENT on request number 11, under the Contracts and Procurement Items contained within the Minutes.

D. Minutes of the Quality and Patient Safety Committee Meeting, July 22, 2014

- Medical Staff Appointments/Reappointments/Changes

Director Collens, seconded by Director Lerner, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of July 22, 2014. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Approval of proposed amendment to the Rules and Regulations of the Medical Staff, pursuant to the Bylaws of the John H. Stroger, Jr. Hospital of Cook County Medical Staff (Attachment #1)

Dr. Ozuru Ukoha, President of the Executive Medical Staff (EMS) of John H. Stroger, Jr. Hospital of Cook County, presented an overview of the proposed amendment to the Rules and Regulations of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County Medical Staff.

During the review of the information, the Board discussed the subject of improper transfers that the System's hospitals receive from hospitals outside of the System; it was noted that approximately six such events have been reported so far this year. The methods that staff use to report such improper transfers were provided. Following the discussion, Director Lerner requested that any incidents relating to improper transfers to System hospitals should be accumulated and presented to the Quality and Patient Safety Committee¹.

V. Action Items

A. Approval of proposed amendment to the Rules and Regulations of the Medical Staff (continued)

Director Lerner, seconded by Director Velasquez, moved the approval of the proposed amendment to the Rules and Regulations of the Medical Staff, pursuant to the Bylaws of the John H. Stroger, Jr. Hospital of Cook County Medical Staff. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items

There were no contracts and procurement items presented directly for the Board's consideration.

C. Any items listed under Sections III, IV, V and IX

V. Action Items (continued)

D. Proposed Resolution regarding CountyCare and CCHHS Finances

This item was withdrawn.

VI. Report from Chairman of the Board

Chairman Carvalho stated that today happens to be the 6th anniversary of the establishment of this Board; he presented a joint report from the Chairman and Vice Chairman of the Board.

Following is the verbatim report that was presented at the meeting.

Joint Report of Chairman David Carvalho and Vice-Chairman Jorge Ramirez

CCHHS Board Meeting – July 25, 2014

Today marks the sixth anniversary of the establishment of the Cook County Health and Hospitals System and creation of the CCHH System Board.

As members who have been here from the beginning, we wanted to jointly mark that occasion with an acknowledgement of the progress to-date and our thoughts on the future. We believe an assessment of the accomplishments of the System over that time frame, which has been documented elsewhere, demonstrates that this model of independent governance is worthwhile and should be maintained and strengthened. In particular, the vision of Senator Richard Durbin, the blue ribbon committee under the leadership of Dr. Larry Goodman and Cook County Board members who supported the initiative of Commissioner Larry Suffredin has borne fruit and done as intended. Drawing on the expertise of a board of lay leaders without political agendas and working with the support of County leaders, the System's accomplishments have been vast, most recently with the successful launch of CountyCare, the System's platform for the future.

At this time, we would like to acknowledge the tremendous contributions of our fellow initial board members, Warren Batts, who ably served as the Board's first chair, Dr. David Ansell, Commissioner Jerry Butler, Quin Golden, Benn Greenspan, Sister Sheila Lyne, Dr. Luis Muñoz, Heather O'Donnell and Andrea Zopp. Although only Dr. Muñoz remains from that initial cohort, the System stands on their shoulders.

As noted above, the most significant accomplishment of the System Board to date has been the successful launch of CountyCare. We truly believe it is the path of the future for the System. And in any discussion of CountyCare, we must never lose sight of the fact that CountyCare is providing real care to real people with real unmet needs.

So let us take this opportunity to clear up some misconceptions about CountyCare.

CountyCare was developed to respond to two profound changes to the reimbursement landscape in which CCHHS has thrived for more than 20 years. Until recently, the financial picture for CCHHS was dominated by a fee for service environment under which CCHHS received very high reimbursement rates directly from the State as a "preferred" provider under an Intergovernmental Transfer Agreement (IGT). Included in the IGT were significant disproportionate share hospital (DSH) payments that helped offset the half a billion dollars of uncompensated care provided by CCHHS each year.

Joint Report of Chairman David Carvalho and Vice-Chairman Jorge Ramirez (continued)

In 2010, Congress and President Obama enacted the Patient Protection and Affordable Care Act (ACA) to, among other things, lower the uninsured rate by expanding public and private health insurance coverage, but paid for that reform by reducing the funding available under the DSH program.

Perhaps more significantly to the System's future, in January 2011, the State of Illinois enacted Public Act 96-1501, which committed the State to moving 50% of Medicaid enrollees to managed care by January 1, 2015. In order to accomplish this, the State expects to move nearly 100% of enrollees in Cook County to managed care programs.

In 2012, the State and Cook County secured an 1115 waiver from the Federal government to begin serving a portion of the ACA-expansion population in a CCHHS-sponsored managed care program named 'CountyCare'. Shortly thereafter, CCHHS conducted a hugely successful enrollment effort under the waiver that has resulted in a CountyCare enrollment exceeding 100,000.

To assist with both enrollment & care of CountyCare enrollees, CCHHS developed an unprecedented network of non-CCHHS partners throughout Cook County. These partners are compensated at modest rates and the network enabled CountyCare to promise enrollees convenient care in their own communities, build the CountyCare brand and secure enrollment partners who recruited nearly one-third of CountyCare's enrollees.

With the expiration of the waiver and the successful conversion of CountyCare to a County Managed Care Community Network (MCCN), CountyCare is now authorized to enroll any Medicaid-eligible resident of Cook County.

With the State's plan to move nearly 100% of Cook County Medicaid enrollees into managed care programs, CCHHS had only two options – become a managed care entity or become a subcontractor to other managed care entities. The status quo ante – high reimbursement under fee for service – is gone.

The option to exist merely as a subcontractor to other managed care plans does not present an attractive future. CCHHS-owned facilities are not conveniently located for many of CountyCare's potential customers and CCHHS has no cost-advantage compared to other providers. Accordingly, CCHHS will find it difficult to secure a high volume of business from other managed care entities as a subcontractor and the business it does secure will be at rates that are much lower than the rates CCHHS has previously enjoyed under the IGT.

We believe the future of CCHHS can only be secured through a robust, successful sustained implementation of CountyCare.

Doubts have developed in some quarters because of the snapshot of CountyCare's finances provided in its statement of operations for its first six months of FY14. However, CountyCare is a Medicaid managed care start-up only recently ending its first full year of operation. It has and will experience growing pains during this time and may take several years to achieve financial independent sustainability.

Joint Report of Chairman David Carvalho and Vice-Chairman Jorge Ramirez (continued)

It is true that in its first six months of operations for FY14, taken alone, CountyCare posted a net loss of \$21 million on \$310 million of revenues. However, \$137 million of CountyCare expenses were payments to CCHHS for care delivered to CountyCare patients. Inasmuch as CountyCare enrollees were previously uninsured, CCHHS would have received no reimbursement for these patients without CountyCare and the contribution by Cook County taxpayers would have needed to be increased by a like amount for the cost of that care.

In response to the financial results of the first six months of FY14 operations of CountyCare, there have been calls by some for CCHHS to curb enrollment in CountyCare, to reduce the network of providers for CountyCare, to reduce the reimbursement rates to providers under CountyCare, to require CountyCare enrollees to secure more of their care only from CCHHS-owned facilities or even to abandon CountyCare. These actions would be a mistake.

In managed care, a high number of 'covered lives' and market share is critical. As Dr. Raju used to say, you do not grow by shrinking. Due to the 1115 waiver, CountyCare has achieved a significant market share for a publicly-sponsored start-up. We should seize that advantage and maintain it.

Now that the waiver period is over and CountyCare is competing with all other Medicaid options for potential enrollees, CountyCare must have a robust set of network providers so that enrollees know that they can obtain their care in their communities, from their traditional providers, if that is what they want to do. CountyCare's extensive provider network is a significant marketing advantage for CCHHS and should be sustained as long as it provides CountyCare a marketplace advantage.

The CountyCare network of providers is vast even though the reimbursement rates from CountyCare to these providers are largely based on the State's Medicaid reimbursement rates. To reduce these rates further may drive providers from the network, reducing the attractiveness of CountyCare to many enrollees and diminishing the capacity of CountyCare to serve its enrollees. This would be a short-sighted savings.

Many enrollees have chosen CountyCare precisely because of the convenience of not only having to travel to CCHHS facilities for their care. To impose new requirements or otherwise discourage enrollees from receiving care in their communities may drive enrollees out of the program, especially now that they have other competing alternative plans. If we can successfully convince CountyCare enrollees that they should want to receive their care at a CCHHS facility, the economic advantage of serving CountyCare enrollees will be achieved in the ordinary course.

Lastly, to abandon CountyCare entirely because of negative operating results in its first six months or twelve months of operations would, we believe, threaten the survival of CCHHS and undermine its capacity to fulfill its continuing mission to the uninsured and underserved who remain notwithstanding the ACA, an estimated 500,000 Cook County residents.

To summarize, CountyCare allows CCHHS to be the master of its own destiny as a robust, significant managed care provider; the alternative is to be a subcontractor to other managed care entities, competing to be included in others' plans with no natural advantages and many significant disadvantages.

Joint Report of Chairman David Carvalho and Vice-Chairman Jorge Ramirez (continued)

Some of the criticism of CountyCare is founded out of concern that CountyCare is undermining the finances of CCHHS. This analysis is incorrect. In fact, the overall financial health of CCHHS is significantly benefitted by CountyCare.

CCHHS is currently projecting that the year-end overall results for CCHHS will be somewhere between break even and a \$35 million deficit, assuming the State and CCHHS successfully conclude current rate negotiations regarding actuarially sound rates.

It is worth noting that the County's contribution to the FY14 budget (sometimes referred to as the County 'subsidy') was reduced from \$250 million to \$175 million, i.e., by \$75 million. Even if CCHHS runs a \$35 million deficit for FY14, it will have reduced its dependence on County taxpayers by \$40 million from FY13 and by \$270 million from FY09, the first fiscal year after the System Board was established.

The CountyCare contribution to CCHHS finances is even more dramatic if you compare actual results from FY13 to projected results for FY14. The actual County contribution to CCHHS for FY13 was \$293 million, so the reduction from actual FY13 to projected FY14 is more than \$83 million and from actual FY10 to projected FY14 is more than \$200 million. In fact, the projected FY14 net County contribution is lower than any year since the System Board was established.

The significant reduction in the County appropriated contribution to CCHHS for FY14 was, in retrospect, based upon unrealistic expectations for the startup year of CountyCare. The State of Illinois is entering untested waters as it moves to nearly 100% Medicaid managed care in Cook County coincident with the full implementation of the ACA. CCHHS and CountyCare need the flexibility of a realistic budget to navigate the currents of health care reform.

We believe the CCHHS System Board should affirm its commitment to the strategy of growing CountyCare to be the most significant Medicaid managed care entity in Cook County. We believe this will be the System's path to success.

VII. Board Education

A. State of Nursing Report (Attachment #2)

This item was taken out of order.

Agnes Therady, Executive Director of Nursing, provided an overview of the State of Nursing Report. The Board reviewed and discussed the information.

During the discussion of the information regarding filling nurse vacancies and the System's usage of agency nursing services, Director Muñoz requested that the Board receive information regarding the total cost to the System as a result of not filling vacant nursing positions and by using overtime and outside agency services².

Director Lerner inquired further regarding the plan and vision for the Pathway to Excellence® designation; this designation is conferred by the American Nurses Credentialing Center. He asked how long it might take to reach that designation. Ms. Therady responded that it may take more than five to eight years to reach Magnet status, which is the ultimate credential for high quality nursing; she noted that the Pathway to Excellence® designation is possible in one to three years. Director Lerner encouraged Ms. Therady to work towards the goal of being one of the first safety-net hospitals with a Magnet status.

VII. Board Education

A. State of Nursing Report (continued)

Director Lerner inquired regarding CountyCare, in relation to the nursing organizational chart provided in the State of Nursing Report. He noted that he did not see reference to CountyCare within that chart, and asked whether that is still under development. Ms. Therady responded that there is collaboration. The Director of Clinical Operations, Andrea McGlynn, constantly touches base with the Ambulatory Care nurses; Ms. McGlynn is working on building a more structured process for the transition of care between inpatient and outpatient settings, and working to enhance communications between the inpatient, outpatient and CountyCare staff.

VIII. Report from Chief Executive Officer (Attachment #3)

This item was taken out of order.

Dr. John Jay Shannon, Chief Executive Officer, provided an update on several subjects, including the following matters: Update on Third Party Administrator transition; Stroger Campus Redevelopment; Calendar of Events; Leadership Development Program; and Employee Recognition.

With regard to the upcoming activities relating to the proposed CCHHS FY2015 Preliminary Budget, Dr. Shannon stated that the current plan is as follows:

Proposed CCHHS FY2015 Preliminary Budget

Introduction at CCHHS Finance Committee Meeting – 8/15/14

Public Hearings to be held between 8/18/14 and 8/28/14

Possible approval at 8/29/14 CCHHS Board Meeting

IX. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

C. **Minutes of the Human Resources Committee Meeting, July 18, 2014****

D. CCHHS Financial Statements, Management Letter and Required Communications – Report relating to the CCHHS Financial Statements, for the year ended November 30, 2013

Director Carvalho, seconded by Director Collens, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body

IX. Closed Meeting Items (continued)

is a member,” 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Hammock, Vice Chairman Butler and Directors Carvalho, Collens, Gugenheim, Lerner, Muñoz, Ramirez, Velasquez and Wiese (10)

Nays: None (0)

Absent: Director Morris (1)

THE MOTION CARRIED UNANIMOUSLY.

Chairman Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

X. Adjourn

As the agenda was exhausted, Chairman Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: incidents relating to improper transfers to System hospitals should be accumulated and presented to the Quality and Patient Safety Committee. Page 4.

² Follow-up: request for information regarding the total cost to the System as a result of not filling vacant nursing positions and by using overtime and outside agency services. Page 8.
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Cook County Health and Hospitals System
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ATTACHMENT #1

Proposed Amendment (underlined) to the John H. Stroger, Jr. Hospital of Cook County Medical Staff's Rules and Regulations:

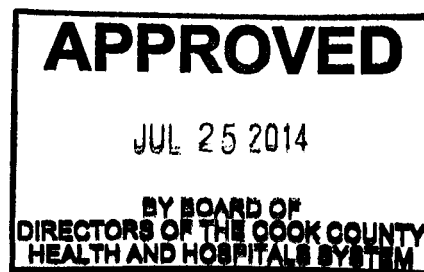
**SECTION III: ADMISSIONS AND DISCHARGE OF PATIENTS; MEDICAL RECORDS;
AND STANDARD OF CARE**

A. Admission and Discharge of Patients

12. Pursuant to the Emergency Treatment and Labor Act, individuals who present to the John H. Stroger, Jr. Hospital of Cook County, and request, or for whom a request is made, for examination or treatment for a medical condition will be provided with a comprehensive triage to assess acuity. This will be followed by an appropriate medical screening examination and evaluation within the Hospital's capability to determine if an emergency medical condition exists; regardless of the individual's ability to pay or preauthorization from a managed care organization.

If during the comprehensive triage it is suspected or known that the hospital may have received an improperly transferred individual, information should be clearly documented and reported to the Chair of the Department of Emergency Medicine and Corporate Compliance.

The medical screening examination will be performed by medically qualified personnel (MQP) who have the experience and training to perform medical screening examinations. This includes licensed physicians, house staff members, Mid-Level Practitioners (MLPs) and Licensed Independent Practitioners (LIPs) as defined in the Medical Staff Bylaws such as Nurse Practitioners, Physician Assistants, Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Psychologists. Each MQP has the capability to identify an emergency medical condition as set forth in these Rules and Regulations. House staff members, MLPs, and LIPs shall render care to patients under the appropriately documented supervision of a Medical Staff Member.



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ATTACHMENT #2

Cook County Health & Hospitals System

Nursing Update

CCHHS Board Education

July 25, 2014

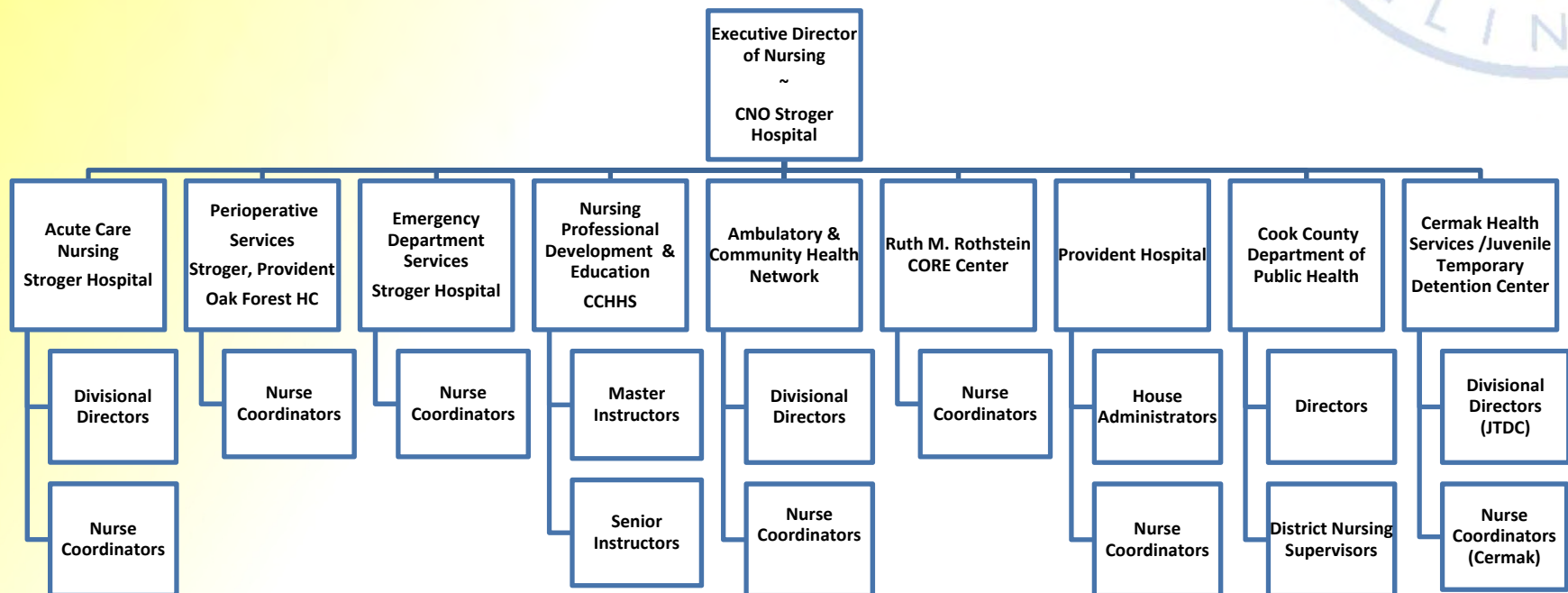
Agnes Therady, RN, MSN, MBA, FACHE

Executive Director of Nursing

John H. Stroger, Jr. Hospital of Cook County

Oak Forest Health Center of Cook County

Nursing Organizational Chart



Comprehensive Review of Nursing Across the System



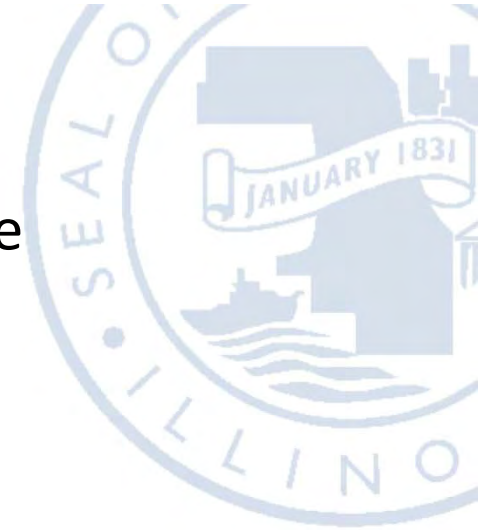
- Interviews with stake holders
- Independent assessment
- Develop a vision for nursing services
- Identify priorities to improve patient care services
- Develop a system-wide plan to address nursing priorities and focus areas



Nursing Vision

To be a regional leader for excellence in patient care

- Nursing excellence will be evidenced by:
 - Top Quartile Patient satisfaction
 - An engaged, competent and highly satisfied nursing staff
 - Nursing turnover at or below national benchmark
 - Nursing sensitive indicators for patient safety and quality above benchmark
 - Continuous quality improvement and evidence based nursing practice
 - Professional practice model
 - Shared governance structure
- Pathway to Excellence® designation



Nursing Service Priorities

- Mission, vision, values and strategic goals
- Analysis and revision of leadership structure
- Evaluate staffing methodology using industry standards
- Engagement with labor partners
- Staff development, engagement and empowerment
- Inter-disciplinary collaboration and team work
- Management by Walking Around (MBWA)
- Improving the quality of patient experience



Focus: Improving 'the patient experience' at CCHHS by, providing high quality, safe, accessible patient centered care

Objectives: Patients and families will be at the center of the care giving process with an increased focus on access and patient satisfaction

Strategies Implemented

- Daily purposeful rounding on patients and families by unit nurse coordinators (Stroger Hospital)
- Bedside shift hand-off report by nurses (Stroger Hospital)
- Daily team huddles (Ambulatory clinics)
- Care management visits (Ambulatory clinics)
- Empanelment of patients (Ambulatory clinics)
- Pre and post procedure patient phone calls (Hospital based clinics)



Focus: Improving 'the patient experience' at CCHHS by, providing high quality, safe, accessible patient centered care

Strategies Implemented Continued ...

- 1:1 patient education: ambulatory and inpatient settings (Provident Hospital)
- Patient welcome letter and discharge folder (Provident Hospital)
- Hourly rounding by nursing staff on patients (Provident Hospital)
- Communicating surgery schedule changes to patients and families (Perioperative Services)
- Greeter Program in Emergency Department (Stroger Hospital)

Focus: Quality and Patient Safety

Objective: Meet or exceed national benchmark for nurse sensitive indicators.

Indicators for hospital based services:

- Safe medication administration
- Preventing:
 - ✓ Patient falls with and without injuries
 - ✓ Hospital acquired pressure ulcers
 - ✓ Catheter associated urinary tract infections
 - ✓ Central line associated blood stream infections
 - ✓ Ventilator associated pneumonia
- Compliance with hand hygiene practices

Focus: Quality and Patient Safety

Objective: Meet or exceed national benchmarks for nurse sensitive indicators.

Indicators for ambulatory services:

- Diabetes management and control
- Pediatric immunization
- Improve movement through the clinic
- Improve patient access by phone
- Improve follow-up appointment within 7 days for post Emergency Department and hospitalized patients

Focus: Quality and Patient Safety

Strategies Implemented

- Use standardized evidenced based practices
- Collaborating with Quality & Patient Safety leadership to monitor, analyze and implement actions for best possible outcomes
- Collaborating with interdisciplinary team on action plan as needed
- Partnering with CMS Hospital Engagement Network (HEN) action plan for nursing indicators



Focus: Improving Nursing Practice

Objective: Foster excellence in clinical practice

Strategies Implemented

- Facilitate evidence-based nursing practice
- Online Nursing portal for easy access to evidence based resources
- Encourage participation in professional conferences, seminars and workshops

Next Steps

- Establish nursing professional practice council and a professional practice model
- Promote participation in nursing and inter-disciplinary grand rounds
- Develop professional practice coach and mentor program through APNs

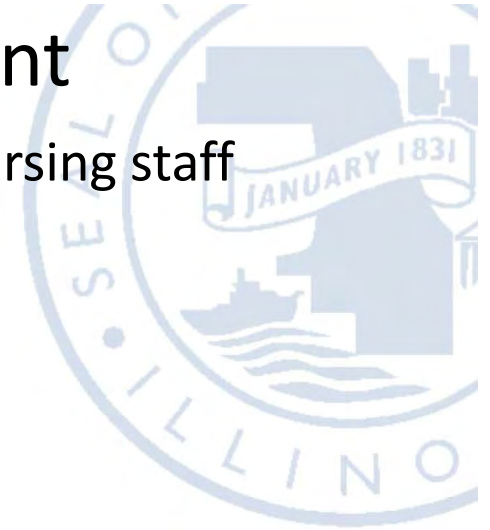


Focus: Workforce Development

Objective: Develop, motivate and retain professional nursing staff through education and professional development.

Strategies Implemented

- **Orientation**
 - Restructured new employee nursing orientation
 - Participation in resident orientation
- **In-service education**
 - Annual competency assessment and skills training
 - Bedside consultation
 - Supporting the Community Training Center for Basic Life Support, Advanced Cardiac Life Support
- **Continuing Education (CE)**
 - Doubled the CE programs
 - Developed Nurse Residency Program
 - Supporting hospital initiatives: Physician Ordered Life Sustaining Treatment, Alcohol withdrawal and 'First Five'



Focus: Workforce Development

Strategies Implemented (continued)

- **Professional Development**
 - Highlighting the work of Advanced Practice Nurses
 - Developing clinical ladder for all levels of nursing staff
 - Promoting disease and area specific nursing certification
 - Providing self directed opportunities for current staff to obtain BSN, MSN and doctoral degrees in nursing
- **Awards and Recognition**
 - Annual Nursing Excellence Awards
 - Thank you letters



Focus: Workforce Development

Objective: Build, motivate and retain strong, consistent and committed leadership

Strategies Implemented

- Continuing education for advance certification in nursing leadership
- Developed monthly nurse manager meeting

Next Steps

- Develop a structured nurse leader onboarding program
- Ongoing leadership development program in collaboration with UIC College of Nursing
- Succession planning and talent management for the next generation of nursing leaders

Focus: Workforce Recruitment

Objective: To recruit the right people for the right position

Strategies Implemented

- Piloted a job-specific interview tool (Cermak Health Services)
- Revised job descriptions in medical-surgical nursing, neonatal intensive care unit at Stroger Hospital to better reflect the needs of the areas
- Leverage our role as a clinical rotation site for nursing schools

Next Steps

- Collaborate with Human Resources to develop a hiring plan that meets the specific needs of nursing
- Continue to revise job descriptions to better reflect the needs of the organization/areas

“Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work.”

~Vince Lombardi

Thank You
Questions or Comments?



Cook County Health and Hospitals System
Board of Directors Meeting Minutes
July 25, 2014

ATTACHMENT #3



JOHN JAY SHANNON, MD
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH AND HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
JULY 25, 2014

- Congratulations to the **Ambulatory and Community Health Network (ACHN)** on its three year accreditation granted by The Joint Commission.
- **Provident Hospital** is in the window for an accreditation visit from The Joint Commission.
- The Joint Commission recently visited Stroger hospital for a one day survey as the hospital seeks certification as a **Primary Stroke Center**. Preliminary impressions conveyed by the surveyor were very positive.
- On Wednesday, July 16th, Cook County Board President Toni Preckwinkle held a public hearing on the County's **2015 preliminary budget**. Nearly 30 individuals and organizations shared their stories about the importance of CCHHS in their lives and their organizations. The testimony can be viewed in the archived video section on the [County's website](#).
- On July 1, 2014, CountyCare transitioned to its identity as a County Managed Care Community Network (MCCN), and began working with its newly contracted **Third Party Administrator**. As with any transition of this size, there were as anticipated, some minor hitches that the team is working through. These issues are largely technical and do not impact patient care. Additionally, Executive Director of Managed Care Steven Glass gave a detailed presentation at last week's Finance Committee outlining these transitions, highlighting the important distinctions between the waiver and the MCCN and introducing us to some of the new terminology we will begin to use. The MCCN/TPA transition requires and allows for greater reporting capabilities. As such, we are developing a monthly reporting structure that will provide detailed financial, claims and membership information that we will share with both the CCHHS Board and the Cook County Finance Committee.
- The Cook County Health & Hospitals System was invited to participate in the **County Experiences with Medicaid Expansion project**, which is being conducted by RTI International (RTI) under contract with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) at the Department of Health and Human Services.

This project is charged with highlighting the implementation experiences of county and local governments where Medicaid eligibility and coverage was expanded prior to January 2014. It will help guide counties in states newly implementing a Medicaid expansion, as well as federal policymakers, by

providing a better understanding of how counties interact with state governments, build partnerships, and implement new policies and processes for bringing newly eligible populations into Medicaid.

Cook County was selected on the basis of its demonstrated leadership in early Medicaid expansion efforts, including enrolling members in medical homes and using innovative strategies for the outreach and enrollment of vulnerable populations in Medicaid. Cook County is one of only four counties nationwide invited to participate in a site visit that will guide and inform the project.

Last week, CCHHS hosted a three-day site visit during which staff and stakeholders were interviewed regarding outreach and enrollment challenges and strategies, impact on the county health system, coordination with partners, provider issues, and other topics.

Information gained from the project will be supplemented with an environmental scan and literature review and developed into a public report by RTI for ASPE. This case study will synthesize implementation challenges, strategies and key lessons learned, with dissemination planned to federal, state, and local policymakers; county agencies involved in Medicaid expansion work; and other researchers seeking to understand Medicaid expansion strategies and challenges.

- At the February 28, 2014 CCHHS Board of Directors meeting a request to enter into a contract with Chicago Consultant Studios (CCS) for the **Stroger Campus Redevelopment** was approved. CCS has completed Phase 1 – Strategic Campus Development Plan Framework for the Stroger Campus Redevelopment process. Briefings were held for the CCHHS Board of Directors and Cook County Commissioners over the last several weeks to provide an update on the first quarter progress.

The next phase of the contract will include the development of the Core Medical Request For Proposal (RFP) and the Market Rate Development RFP which the Cook County Office of Capital Planning and Policy anticipates issuing late September and late October, respectively.

Regarding the Old Cook County Hospital structure, there will be a charrette work session in mid-September to engage civic organizations and the adjacent community in a design planning activity. Developers and individuals are encouraged to participate in the process, those interested in the charrette or the development process should contact CC.StrogerRedev@cookcountyil.gov or visit the website for the Old Cook County Hospital project at www.cookcountyil.gov/economicdevelopment/cook-county-hospital-strategic-redevelopment/.

Calendar of Events

- Dr. Shannon will address the **City Club of Chicago** on Tuesday, September 9th and the **Civic Federation's Healthcare Committee** on Tuesday, September 16th.
- In addition to the **97 community events** CCHHS has already attended and the full calendar scheduled through the end of the year, on Saturday, August 2nd, we will have eight teams providing screenings and/or promoting CountyCare at the following events/organizations:

Providence Missionary Baptist Church Health Fair, 8401 South Ashland Avenue, Chicago
Alderman Emma Mitts's Unity in the Community Gospel Fest, LaFollette Park, Chicago
Christian Community Health Center (FQHC), 9718 S. Halsted, Chicago
Bloom Township Senior Citizens Picnic, Veterans Memorial Park 19101 Halsted Street, Glenwood
Hope Fest at New Life Covenant, 5100 W. Diversey, Chicago
Senator Mattie Hunter's Health Fair, 33rd and State, Chicago
Cook County Day celebration hosted by Brother Keeper's Outreach Church, Chicago Heights
Senator Donne Trotter's Health Fair, Avalon Park, Chicago

Employee Recognition

Valerie Webb is a Regional Health Officer at the Cook County Department of Public Health and was recently awarded the Distinguished Alumni Achievement Award from the University of Illinois at Chicago School of Public Health Alumni Board. This award is presented to an alumnus or alumna who has brought honor to the school through significant professional contributions and selfless service to the improvement of the public's health, to public health literature, or public health professional education.

Valerie Webb has been with CCDPH for years. Valerie provides leadership to department and community planning efforts including IPLAN (Community Health Assessments and Health Improvement Plans), strategic planning and most recently public health accreditation.

Throughout her career, Valerie has had the opportunity to develop, implement and evaluate community-based programs to improve the health status among disparate populations including *Project WIN*, a partnership of medical, substance abuse and mental health services provided through emergency shelters to chronically homeless individuals and *All Our Kids*, an early childhood network serving Latino immigrant families. Valerie's work with the *Backstretch Coordinating Committee* involved community advocacy and engagement leading to improved housing for families of racetrack workers.

Leadership Development Program – as mentioned at last month's Board Meeting, the second cohort of managers from the Leadership Development Program graduated recently. I would like to introduce them to you this morning.

Nicole Crystal Andrews (Stroger Hospital)
Tedra Davis (Stroger Hospital)
Rosina Frazier (ACHN, Robbins Health Center)
Suzanne Harrington (System)
Siby T. Joseph (ACHN, Fantus)
Salithia Marsh (ACHN, Near-South)
Kalyani Perumal, MD (Stroger Hospital)
Tonie L. Roberts (Stroger Hospital)
Carla Salvo (Stroger Hospital)
Simon Tingem (Stroger Hospital)
Laretta Wiley (Stroger Hospital)

Safety net hospitals are often found in the middle of large urban areas with large populations of non-English speaking patients. CCHHS has an Interpreter Services department led by Miriam Gonzales that takes great care in serving our patients. Today, I would like to take a moment to introduce you to two members of the team, **Letty Rivera** and **Grazyna Latas** (who goes by Grace). Letty is a translation dispatcher. She ensures that all calls are answered and the appropriate language interpreter is assigned. She is kind and always responsive to our patients. Recently, our medical records director, Natasha Lafayette-Jones, contacted Letty to ask for assistance in communicating with a former patient who had moved to Poland. Grace was assigned this unique task. Grace was instrumental in establishing verbal and written communication with this patient to ensure the patient's medical record information was forwarded to Poland appropriately.

Note: 15% of the requests for translation services are requests for Polish-speaking interpreters.

Dr. Sean Bryant, an emergency medicine physician at Stroger, recently returned from a six month deployment in a combat support hospital in Kandahar, Afghanistan, where he worked as a Trauma Team Leader and Emergency Physician at the NATO ROLE 3 Multinational Medical Unit.

Working mainly alongside U.S. Navy colleagues, with some U.S. Army and coalition medical personnel from Australia, Belgium, United Arab Emirates, and United Kingdom, the primary mission was to support coalition forces and Afghan army/police by treating point of injury patients from the battlefield and receiving transfers from lower levels of care. Patients in the combat support hospital primarily suffered from Improvised Explosive Device blast wounds, gunshot wounds and blunt trauma; these medical teams also treat general emergency conditions of coalition forces and some civilian contractors.

Dr. Bryant serves as an attending physician here at Stroger Hospital, Associate Professor of Emergency Medicine at Rush Medical College, Assistant Fellowship Director, Toxikon Consortium, and Associate Medical Director of the Illinois Poison Center.

BOARD OF COMMISSIONERS OF COOK COUNTY
Cook County Building, Board Room, 118 North Clark Street, Chicago, Illinois
BOARD AGENDA
for the
Meeting of the Board of Commissioners
Wednesday, July 23, 2014, 11:00 AM

Sponsored by: BRIDGET GAINER, JOHN P. DALEY, TIMOTHY O. SCHNEIDER, County Commissioners and TONI PRECKWINKLE, President, Cook County Board of Commissioners

PROPOSED RESOLUTION

**REQUIRING A MONTHLY UPDATE ON THE
COOK COUNTY MANAGED CARE COMMUNITY NETWORK**

WHEREAS, in October 2012, the federal government approved the Medicaid Expansion Program (CountyCare) through the CMS waiver under Section 1115 of the Social Security Act (1115 waiver) for Cook County, and

WHEREAS, on July 1, 2014, CountyCare members will be transitioned into a Managed Care Community Network (MCCN); and

WHEREAS, MCCN builds on the new expansion of the System's historical role as a provider of health care to one of the health risk management; and

WHEREAS, Under MCCN, the Cook County Health and Hospital System (CCHHS) accepts full financial risk for the provision of health care services to CountyCare enrollees in return for a fixed monthly payment for each enrollee; and

WHEREAS, Administration and effective management of a program like CountyCare and now Cook County's MCCN is extraordinary complex and requires processes and information that are fundamentally different than those required for the System's historical focus on patient care; and

WHEREAS, CCHHS has already created a senior management level committee with representatives from Finance, Budget, Administration, Medical Staff, Ambulatory and Community Health Network, and CountyCare staff; and

WHEREAS, this committee meets at least monthly and is coordinating its activities with the Cook County Chief Financial Officer, Comptroller and Budget Director; and

WHEREAS, it is the shared goal of the Cook County Board of Commissioners and the independent Cook County Health and Hospital Board that the CountyCare managed care community network program is successful; and

WHEREAS, it is vital that the Cook County Health and Hospital Systems Board and CountyCare staff frequently communicate with the Cook County Board of Commissioners on all matters related to the implementation and administration of the Cook County Managed Care Community Network.

NOW, THEREFORE, BE IT RESOLVED, that the Cook County Board of Commissioners does hereby request a monthly report from the leadership team of the Cook County Health and Hospitals System that contains the financial, legislative, administration and performance status of the Cook County Managed Care Community Network; and

THEREFORE, BE IT FURTHER RESOLVED, that each report shall appear on the monthly Finance Committee agenda of the Cook County Board of Commissioners.

Approved and adopted July 23, 2014